

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF U.S.A.	COURT CASE NUMBER 3:05-CV-267-JKS
DEFENDANT \$93,000.00 in US Currency, et Al.	TYPE OF PROCESS Personal Service
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN MICHAEL LEE HAMILTON	
AT SEND NOTICE KATIE VOKE United States Attorney's Office 222 W. 7th Avenue, #9, Room 253 Anchorage, AK 99513-7567	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <div style="text-align: right;"> 7 APR 24 2006 RECEIVED U.S. DISTRICT COURT ANCHORAGE, ALASKA </div>	
Number of parties to be served in this case Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Please serve the attached Notice of forfeiture on the above-referenced individual via U.S. Certified Mail, Return Receipt Requested.

CATS ID#s:

 05-DEA-449714 05-DEA-449758
 05-DEA-449770 05-DEA-449781

Signature of Attorney or other Originator requesting service on behalf of: Katie Voke	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (907) 271-2304	DATE 1/17/06
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 6	District to Serve No. 6	Signature of Authorized USMS Deputy or Clerk 	Date 2/1/06
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service Time Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

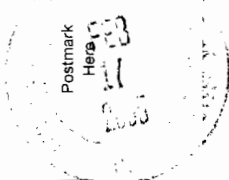
Mailed on 2/16/06 - Certified mail #7001 2510 0000 4255 6668.

Returned undeliverable. See attachment.

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7001 2510 0000 4255 6668

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Michael Lee Hamilton

Sent To
 Street, Apt. N
 or PO Box No.
 City, State, Zi

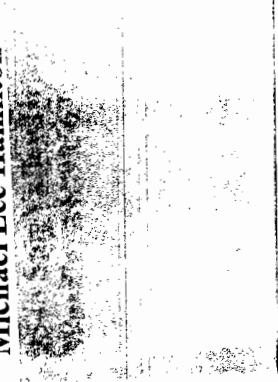
PS Form 3800

CER

U.S. Department of Justice
United States Marshals Service
District of Alaska
 222 West Seventh Avenue #28, Room 170
 Anchorage, AK 99513

Official Business
 Penalty for Private Use \$300

Michael Lee Hamilton



35 1 01 02/19/06
 TURN TO SENDER
 VERABLE AS ADDRESSED
 ABLE TO FORWARD

BC: 99513750099 *0172-01105-17-36

995137500

